

## **ARTICLES OF ENTITY CONVERSION:**

## Conversion of an Indiana Non-Corporation Business Entity into an Indiana Limited Partnership

State Form 51573 (1-04)
Approved by State Board of Accounts, 2004

**INSTRUCTIONS:** Use 8 ½" x 11" white paper for attachments.

Present original and one copy to the address in upper right corner of this form.

Please TYPE or PRINT.

Please visit our office on the web at www.sos.in.gov.

TODD ROKITA SECRETARY OF STATE CORPORATE DIVISION

302 W. Washington Street, **Rm. E018** Indianapolis, IN 46204 Telephone: (317) 232-6576

Indiana Code 23-1-18-3 FILING FEE: \$30.00

	ARTICLES OF CONVERSION				
	OF				
	(hereinafter "Non-surviving Business Entity")				
	INTO				
	(hereinafter "Surviving LP")				
	ARTICLE I: PLAN OF ENTITY CONVERSION				
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a.	Please set forth the Plan of Conversion, containing such information as required by Indiana Code 23-1-38.5-11, attach herewith, and designate it as "Exhibit A."  The plan must specify the following:				
	A statement indicating that the type of business entity the surviving entity will be is an LP;				
	The terms and conditions of the conversion;				
	<ul> <li>The manner and basis of converting the interests, securities, obligations, rights to acquire interests or other securities of Non-surviving Business Entity following its conversion into the shares of Surviving LP; and</li> </ul>				
	The full text, as in effect immediately after the consummation of the conversion, of the organic documents, if any, of Surviving LP.				
b.	Please read and sign the following statement.  I hereby affirm under penalty of perjury that the plan of conversion is in accordance with the organic document of Non-surviving Business Entity and is duly authorized as required by the laws of the State of Indiana.				
	Signature Printed Name Title				
	ARTICLE II: NAME AND TYPE OF NON-SURVIVING BUSINESS ENTITY				
a.	The name of Non-surviving Business Entity immediately before filing these Articles of Entity Conversion is the following:				
b.	Please state the type of business entity of Non-surviving Business Entity below.				

## a. The name of Surviving LP is the following: • (Please note pursuant to Indiana Code 23-16-2-1, this name must include the words "Limited Partnership", "L.P.", or "LP"). b. The address of Surviving LP's Principal Office is the following: Street Address | City | State | Zip Code |

ART	ICLE IV: REGISTERED OFFI	CE AND AGENT OF SURVIVI	NG LP	
Registered Agent: The name and street a	address of Surviving LP's Registere	ed Agent and Registered Office for	service of process are the follow	ving:
Name of Registered Agent				
Address of Registered Office (street or building)		City	Zip	Code
3,			Indiana	
			malana	
		RTNERS OF SURVIVING LP		
Please state the names and business add	Iresses of each general partner of S	Surviving LP.		
lame				
usiness Address		City	State Zip	Code
		jy		
ame				
usiness Address		City	State Zip	Code
ame				
usiness Address		City	State Zip	Code
someoc / tadreco		Oity Oity	State Zip	oodo
ame		l		
usiness Address		City	State Zip	Code
APTICI	E VI: PARTNERSHIP AGREE	MENT OF SUPVIVING LP (O	PTIONAL)	
Please attach herewith, and designate as include.				ish to
	ARTICLE VII: DISSOLU	ITION OF SURVIVING LP		
Please state the latest date upon which the	ne LP is to dissolve:			
n NA/itanana NA/harrané tiha urada rainun ad harira	a an affican an ath an duly authorize	d was a substitute of all acceptants of C		
n Witness Whereof, the undersigned bein Articles of Entity Conversion and verifies,				
this	day of	, 20	<del>.</del>	
Signature		Printed Name		
Tu.		1		
Title				